<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W. Grand Avenue, Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Road, Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505 State of New Mexico Energy Minerals and Natural Resources Department Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

Form C-144 CLEZ Revised June 16, 2009

For closed-loop systems that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, submit to the appropriate NMOCD District Office.

## Closed-Loop System Permit or Closure Plan Application

(that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

Type of action: Permit Closure

Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-loop system request. For any application request other than for a closed-loop system that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, please submit a Form C-144.

Please be advised that approval of this request does not relieve the operator of liability should operations result in pollution of surface water, ground water or the environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.

Operator: 074 USIA WTP LP	OGRID #:		
Address: P.O. Box 50250 M: dland, TX 79710			
Facility or well name: Shelby 12 F	ederal #5		
API Number: 30-015-33322	OCD Permit Number: スパろうらし		
U/L or Qtr/Qtr Section [	Township 725 Range 24E County: Eddy		
Center of Proposed Design: Latitude	<u>448</u> Longitude <u>104.44304</u> NAD: 21927 [] 1983		
Surface Owner: 🗹 Federal 🔲 State 🔲 Private 🛄 Trib	al Trust or Indian Allotment		
<ul> <li>Closed-loop System: Subsection H of 19.15.17.11</li> <li>Operation: Drilling a new well Workover or Dri</li> <li>Above Ground Steel Tanks or Haul-off Bins</li> </ul>	NMAC Iling (Applies to activities which require prior approval of a permit or notice of intent) P&A		
3.			
Signs: Subsection C of 19.15.17.11 NMAC 12"x 24", 2" lettering, providing Operator's name, s	te location and emergency telephone numbers		
Signed in compliance with 19.15.16.8 NMAC	NMOCD ARTESIA		
4.	Louise Antesia		
Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached. Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC Closure Plan (Please complete Box 5) - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC Previously Approved Design (attach copy of design) API Number:			
Previously Approved Operating and Maintenance Pl			
5. <u>Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only</u> : (19.15.17.13.D NMAC) Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required.			
Disposal Facility Name:			
	Disposal Facility Permit Number:		
Will any of the proposed closed-loop system operations and associated activities occur on or in areas that <i>will not</i> be used for future service and operations? Yes (If yes, please provide the information below) No			
Required for impacted areas which will not be used for future service and operations:         Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC         Re-vegetation Plan - based upon the appropriate requirements of Subsection 1 of 19.15.17.13 NMAC         Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC			
6. Operator Application Certification:			
I hereby certify that the information submitted with this	application is true, accurate and complete to the best of my knowledge and belief.		
Name (Print):	Title:		
Signature:	Date:		
e-mail address:	Telephone:		
Form C-144 CLEZ	Oil Conservation Division Page Lof 2		

Closure Completion Date:       4[18/13]         Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:         Instructions:       Please indentify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than no facilities were utilized.         Disposal Facility Name:       Out-out-out-out-out-out-out-out-out-out-o	· · · · · · · · · · · · · · · · · · ·		
Title:       OCD Permit Number:       2/398/1         a.       OCD Permit Number:       2/398/1         b.       Courre Report (required within 60 days of closure completion):       Subsection K of 19.15.17.13 NMAC         Instructions:       Operations:       Subsection K of 19.15.17.13 NMAC         Instructions:       Operations:       Subsection of the closure activities and submitting the closure report.         The closure report is required to be submitted to the division of the completion of the closure activities. Please do not complete this section of the form until an approved closure plan has been obtained and the closure activities have been completed.         Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:         Instructions:       Please Haul-off Bins Only:         Disposal Facility Name:       Out-out-out-out-out-out-out-out-out-out-o	OCD Approval: Dermit Application (including closure plan)	e Plan (only)	
Title:	OCD Representative Signature:	Approval Date: 10/25/13	
*       Cosure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC         Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report.         The closure coport is required to be submitted to the division within 60 days of the completion of the closure activities. Please do not complete this section of the form until an approved closure plan has been obtained and the closure activities have been completed.         Image: Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:         Instructions: Please inductify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than two facilities were utilized.         Disposal Facility Name:		_ ,	
Instructions: Please indentify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than no facilities were utilized.         Disposal Facility Name:	<sup>8</sup> . <u>Closure Report (required within 60 days of closure completion)</u> : Subsection K of 19.15.17.13 NMAC Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report. The closure report is required to be submitted to the division within 60 days of the completion of the closure activities. Please do not complete this section of the form until an approved closure plan has been obtained and the closure activities have been completed.		
Disposal Facility Name: Control Percovery Tric. P360 Disposal Facility Permit Number: DM-01-2006 Disposal Facility Name: Disposal Facility Permit Number: Disposal Permit Number: Disposal Facility P	9. Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: Instructions: Please indentify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than two facilities were utilized		
Disposal Facility Name:		Disposal Facility Permit Number: NM-01-0006	
Were the closed-loop system operations and associated activities performed on or in areas that will not be used for future service and operations?            Yes (If yes, please demonstrate compliance to the items below)         No             Required for impacted areas which will not be used for future service and operations:         Site Reclamation (Photo Documentation)         Site Reclamation Application Rates and Seeding Technique             Berevegetation Application and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. 1 also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan.             Name (Print):           Louid Steward Oord, Communication Complete to the best of my knowledge and belief.             Signature:           Date:             Closure Approved (upon approved closure plan)             Closure Approved (upon approved closure plan)             Closure Denied             Closure Denied             Closure Denied             Octo Representative Signature:			
Site Reclamation (Photo Documentation)         Soil Backfilling and Cover Installation         Re-vegetation Application Rates and Seeding Technique         10.         Operator Closure Certification:         1 hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the elosure complies with all applicable closure requirements and conditions specified in the approved closure plan.         Name (Print):       Dato: E Stewart         Signature:       Date:         Lo(22/L3         e-mail address:       david_stewart @ operator @	Were the closed-loop system operations and associated activities performed on or in areas that will not be used for future service and operations?		
Operator Closure Certification:         I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan.         Name (Print):       Date:       Se. Pequilation:         Signature:       Date:       LO(22/13)         e-mail address:       david_stewart @ 0x4, com       Telephone:       432-6855-5717         II.       OCD Closure Review:       Closure Approved (upon approved closure plan)       Denial Date:	<ul> <li>Site Reclamation (Photo Documentation)</li> <li>Soil Backfilling and Cover Installation</li> </ul>	ations:	
e-mail address: Telephone: Y32-685-5717	10. Operator Closure Certification: I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan.		
e-mail address: Telephone: Y32-685-5717	Name (Print): David Stewant	Title: Sp. Regulatory Advison	
OCD Closure Review: Closure Approved (upon approved closure plan) Closure Denied Denial Date: OCD Representative Signature: Approval Date:	Signature: Vi Stat	Date: 10(22/13	
OCD Closure Review:       Closure Approved (upon approved closure plan)         Closure Denied       Denial Date:         OCD Representative Signature:       Approval Date:	e-mail address: dev: 2_ stewant @ 0Ky. com	Telephone: 432-685-5717	
Closure Denied  Denial Date:   OCD Representative Signature:	<b>OCD Closure Review:</b> Closure Approved (upon approved closure plan)		
		Denial Date:	
Vitle:     OCD Permit Number:	OCD Representative Signature:	Approval Date:	
	Title:	OCD Permit Number:	

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